# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction this form.                               | N GUIDE explains how to complete   | 1 ACCOUNT#<br>(Ethics Commission filers)  | 2 Total pages filed:   |
|---|--|---|--|
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME                          | MS/MRS/MR FIRST Annise   | МІ  | OFFICE USE ONLY  |
| NAME  | NICKNAME LAST<br>Parker  | SUFFIX  | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | P.O. Box 66513 Houston, TX   | OTY; STATE; ZIP CODE  | RECEIVED 17 Delorand controver to Dally Postmerked A   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER (713 ) 960-1601   | EXTENSION   | Receipt # Amount   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR FIRST Kathy NICKNAME LAST Hubbard  | MI<br>SUFFIX  | Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business) | street address (no po box please); apt/sui 2615 Montrose Blvd  | ite#; city; state;<br>Houston, TX   | ZIP CODE<br>X 77006  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (713 )522-9000  | EXTENSION   |  |
| 9 REPORTTYPE  | January 15 30th day before election  |   | 15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year THRO  | UGH 12 / 31 ,   | Year / 05  |
| 11 ELECTION   | Month Day Year ELECTION TYPE  Month Primary  |   | General Special  |
| 12 OFFICE   | OFFICE HELD (If any) City Controller   | 13 OFFICE SOUGHT (If know   | m)   |
| 14 NOTICE<br>OF DIRECT<br>CAMPAIGN                            | Direct campaign expenditures are campaign expe Candidates are required to disclose this information of | inditures made by others without the can<br>only if they receive notification of the dire | ndidate's prior consent or approval. act campaign expenditure. ••                                  |
| EXPENDITURE BY OTHER INDIVIDUALS                              | Mamo   |   |  |
| additional pages  | Address / PO Box; Apt. / Sulte #; City; State;   | Zip Code  |  |
|   | GO ТО  | PAGE 2  |  |

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Ann            | ise Parker  |  | 16ACCOUNT#(Ethics Commission flers) |
|--------------------------------|---|--|-------------------------------------|
| 17 NOTICE<br>FROM<br>POLITICAL | may have been made  | tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures. |                                     |
| COMMITTEE(S)                   | COMMITTEE TYPE  | COMMITTEE NAME   |                                     |
|                                | GENERAL   | COMMITTEE ADDRESS  |                                     |
| í                              | SPECIFIC  |  |                                     |
| additional pages               |   | COMMITTEE CAMPAIGN TREASURER NAME  |                                     |
| ı                              |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                     |
| 18 CONTRIBUTION<br>TOTALS      |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   | \$                                  |
|                                |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 4,337.58                         |
| EXPENDITURE<br>TOTALS          | 3. TOTAL I  | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE   | \$ 12.00                            |
|                                | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ 4,702.91                         |
| CONTRIBUTION<br>BALANCE        |   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA<br>DRTING PERIOD  | \$ 141,441.80                       |
| OUTSTANDING<br>LOAN TOTALS     |   | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH<br>AY OF THE REPORTING PERIOD   | \$                                  |
| 19 AFFIDAVIT                   |   |  |                                     |
|                                | ANDREA CAMPO<br>Notery Public, State of 1<br>My Commission Explin | me under Title 15, Election Code.  |                                     |
|                                | JULY 15, 2006   |  | Rower                               |
| AFFIX NOTARY STAM              | P / SEAL ABOVE  | Signature of Canada  | late of Officeriology               |
|                                |   |  | , this the                          |
| Andres Ca                      | Jas   | tify which, witness my hand and seal of office.  Andrea Campus Na- Printed name of officer administering oath  | Fary Public                         |
| Signature of onicer ad         | magatering catri  | i integriente de dincer administrating dans  | or omeer administrating each        |

| Texas Ethics Con    | mission P.O. Box 12070 Austin, Texas 78711-207   | 10 (512) 403                            | -5800 1-800-325-6500   |
|---------------------|--|---|--|
|                     | AL CONTRIBUTIONS THAN PLEDGES OR LOANS   | (FOR                                    | SCHEDULE A FORMS C/OH and SPAC)  |
| The Instruction     | Guide explains how to complete this form.  | 1 Total pages this sched                | lule A: 3  |
| 2 FILER NAME        | Annise Parker  | 3 ACCOUNT # (Ethics C                   | Comission filers)  |
| 4 Date<br>11/1/2005 | 5 Full Name of Contributor: —out of state PAC (ID#   | contribution (\$):                      | 8 In kind contribution description (if applicable):  Endorsement Malling |
| 9 Principal o       | occupation \ Job title (See Instructions) 10 Employe   | er (See Instructions):                  |  |
| 4 Date<br>11/1/2005 | 5 Full Name of Contributor:out of state PAC (ID# Reliant Energy, Inc. PAC (REPAC)  6 Contributor Address: City, State, Zip Code Houston, TX 77001-0148 | contribution (\$):                      | 8 In kind contribution description (if applicable):                      |
| 9 Principal o       | occupation \ Job title (See Instructions) 10 Employe   | er (See Instructions):                  |  |
| 4 Date<br>11/2/2005 | 5 Full Name of Contributor: Out of state PAC (ID#  | contribution (\$):                      | 8 In kind contribution description (if applicable):                      |
|                     | 6 Contributor Address: City. State, Zip Code Atlanta, GA 30324   |   | <br>   |
| 9 Principal o       | occupation \ Job title (See Instructions) 10 Employe   | er (See Instructions):                  |  |
| 4 Date<br>11/2/2005 | 5 Full Name of Contributor: — out of state PAC (ID#  | 7 Amount of contribution (\$):          | 8 In kind contribution description (if applicable):                      |
| 9 Principal o       | occupation \ Job title (See Instructions) 10 Employe   | er (See Instructions):                  |  |
| 4 Date<br>11/2/2005 | 5 Full Name of Contributor: Gout of state PAC (ID#   | 7 Amount of contribution (\$): \$100.00 | 8 In kind contribution description (if applicable):                      |
| 9 Principal o       | occupation \ Job title (See Instructions) 10 Employe   | er (See Instructions):                  |  |

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

|                      | AL CONTRIBUTIONS<br>THAN PLEDGES OR LOANS   |             | (FOR                                    | SCHEDULE A FORMS C/OH and SPAC)                     |
|----------------------|---|-------------|---|---|
| The Instruction      | Guide explains how to complete this form.   |             | 1 Total pages this sched                | dule A: 3   |
| 2 FILER NAME         | Annise Parker   |             | 3 ACCOUNT # (Ethics                     | Comission filers)                                   |
| 4 Date<br>11/2/2005  | 5 Full Name of Contributor: — out of state PAC  Ronald Kennedy  6 Contributor Address: City, State, Zip Co- |             | 7 Amount of contribution (\$):          | 8 In kind contribution description (if applicable): |
|                      | Morristown, NJ 07960  |             |   |   |
| 9 Principal o        | occupation \ Job title (See Instructions)   | Employe     | (See Instructions):                     |   |
| 4 Date<br>11/2/2005  | 5 Full Name of Contributor. — Jour of state PAC Carroll S. Shaddock   | (1D#        | 7 Amount of contribution (\$):          | 8 In kind contribution description (if applicable): |
|                      | 6 Contributor Address: City, State, Zip Co., Houston, TX 7700   |             |   | <br>  |
| 9 Principal o        | occupation \ Job title (See Instructions) 10  | Employe     | (See Instructions):                     |   |
| 4 Date<br>11/22/2005 | 5 Full Name of Contributor: —Jout of state PAC  J. P. Morgan Chase & Co. PAC                                | (ID#        | 7 Amount of contribution (\$):          | 8 In kind contribution description (if applicable): |
|                      | 6 Contributor Address: City, State, Zip Co. New York, NY 10017  | de          |   |   |
| 9 Principal o        | occupation \ Job title (See Instructions)   | ) Employe   | (See Instructions):                     |   |
| 4 Date<br>11/28/2005 | 5 Full Name of Contributor:  AFSCME - National Office   | (ID# 000111 | contribution (\$):                      | 8 In kind contribution description (if applicable): |
|                      | 6 Contributor Address: City, State, Zip Co  |             | \$276.12                                | Mailing Expenses                                    |
| 9 Principal o        | occupation \ Job title (See Instructions) 10  | ) Employe   | (See Instructions):                     |   |
| 4 Date<br>11/28/2005 | 5 Full Name of Contributor: —Joul of state PAC  Jeanette A. Rash  | (ID#        | 7 Amount of contribution (\$): \$200.00 | 8 In kind contribution description (if applicable): |
|                      | 6 Contributor Address: City, State, Zip Co  |             |   |   |
| 9 Principal o        | occupation \ Job title (See Instructions) 10  | ) Employe   | (See Instructions):                     |   |

# ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Schedule A1 Report Total:

▶ Houston, TX 77253-

6 Contributor Address: City, State.

**PHCG Investments** 

9 Principal occupation \ Job title (See Instructions)

12/31/2005

\$4,337.58

Zip Code

\$1,000.00

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

#### SCHEDULE F

#### POLITICAL EXPENDITURES Total pages Schedule F THE INSTRUCTION GUIDE explains how to complete this form. Page 1 ACCOUNT # (Ethics Commission filers) FILER NAME Annise Parker Date Payee Name **Amount** (\$) 11/2/2005 American Express Payee address Zip Code \$17.21 City; State: 33336-0001 PO Box 360001 Fort Lauderdale FL \*\* Complete if direct expenditures to benefit C/OH \*\* Purpose of payment (See instructions regarding type of information (required) Office sought Candidate / Officeholder name Office held Credit Card Processing Amount Date Payee Name (\$) 11/2/2005 Sprint Payee address City; State: Zip Code \$93.28 CA 90054 P.O. Box 54677 Los Angeles Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditures to benefit C/OH \*\* (required) Office sought Office held Candidate / Officeholder name Telephone Date Payee Name Amount (\$) 11/3/2005 Merchant Bank Card City; \$6.13 Payee address State: Zip Code 92562 40960 California Oaks Road. Murrieta CA Suite 209 \*\* Complete if direct expenditures to benefit C/OH \*\* Purpose of payment (See instructions regarding type of information (required) Candidate / Officeholder name Office sought Office held Credit Card Processing Amount Date Payee Name (\$) 11/3/2005 Community Partnership for the American Dream \$2,000.00 Payee address City: State; Zip Code TX 77230 P. O. Box 30046 Houston \*\* Complete if direct expenditures to benefit C/OH \*\* Purpose of payment (See instructions regarding type of information (required) Candidate / Officeholder name Office sought Office held **GOTV Expenses**

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# POLITICAL EXPENDITURES SCHEDULE F

|                                       | e this form.   |   | Total pages Schedu   | Page 2   |
|---------------------------------------|--|---|--|--|
| Annise Parker                         |  |   |  | s Commission filers)   |
| Payee Name                            |  |   |  | Amount   |
|                                       |  |   |  | (\$)   |
|                                       | City:  | State:  | Zip Code   | \$1.55   |
| PO Box 360001                         | •  | ,   | 33336-0001   | 41.00  |
| ,                                     | of information   | •   |  | to benefit C/OH **  Office sought Office help  |
| rd Processing                         | ,  |   |  |  |
| Payee Name                            |  |   |  | Amount   |
| Grant Martin Consulting               | !  |   |  | (\$)   |
| Payee address                         | City;  | State;  | Zip Code   | \$500.00   |
| 1708 Broderick                        | San Francisco  | CA  | 94115  | ·  |
|                                       |  |   |  | Amount   |
| •                                     | ssociation of Houst-   | 1   |  | (\$)   |
| · · · · · · · · · · · · · · · · · · · |  |   | Zio Code   | \$200.00   |
| P. O. Box 130227                      | Houston  | TX  | 77219  | Ψ200.30  |
| ent (See instructions regarding type  | of information   | •   |  | to benefit C/OH **  Office sought Office hel   |
| hip                                   |  |   |  |  |
| Payee Name                            |  | <u>.</u>  |  | Amount   |
| 1                                     |  |   |  | (\$)   |
| Grant Martin Consulting               |  | State;  | Zip Code   | 1 .  |
| Grant Martin Consulting Payee address | City;  | <b>·</b>  | Zip Code   | \$15.68  |
| <b>}</b>                              | City;<br>San Francisco   | CA  | 94115  | \$15.68  |
|                                       | Payee Name Grant Martin Consulting Payee address 1708 Broderick  ent (See instructions regarding type  Payee Name Executive & Professional At Payee address P. O. Box 130227 | Payee address  City; PO Box 360001  Fort Lauderdale ent (See instructions regarding type of information and Processing  Payee Name  Grant Martin Consulting  Payee address  City; 1708 Broderick  San Francisco  ent (See instructions regarding type of information  G  Payee Name  Executive & Professional Association of Houstern Payee address  City; P. O. Box 130227  Houston  ent (See instructions regarding type of information | Payee address  City; State; PO Box 360001  Fort Lauderdale  FL  ent (See instructions regarding type of information  rd Processing  Payee Name  Grant Martin Consulting  Payee address  City; State;  1708 Broderick  San Francisco  CA  ent (See instructions regarding type of information  Payee Name  Executive & Professional Association of Houstern  Payee address  City; State;  Candidate / Office  Candidate / Office  Payee Name  Executive & Professional Association of Houstern  Payee address  City; State;  P. O. Box 130227  Houston  TX  ent (See instructions regarding type of information  ** Complete Candidate / Office | Payee address City; State; Zip Code PO Box 360001 Fort Lauderdale FL 33336-0001  ent (See instructions regarding type of information |

## POLITICAL EXPENDITURES

#### SCHEDULE F

|  | ION GUIDE explains how to compl   | ete this form.  |   | Total pages Se  | chedule F<br>Page 3   |
|--|---|---|---|---|---|
| FILER NAME   |   |   |   | ACCOUNT # (   | Ethics Commission filers)   |
|  | Annise Parker   |   |   |   |   |
| Date   | Payee Name  |   |   |   | Amount<br>(\$)  |
| 11/28/2005   | Sue Lovell Campaign   |   |   |   | . =   |
|  | Payee address   | City;   | State;  | Zip Code  | \$1,000.00  |
|  | 2615 Waugh #222   | Houston   | TX  | 77066   |   |
| Purpose of payri<br>(required)                           | nent (See instructions regarding typ  | e of information  | ** Comple<br>Candidate / Office                   |   | ures to benefit C/OH **  Office sought Office held                                    |
| Contribut  | tion  |   | Candidato / Cinc                                  | SOLOGOL HUMO  | omoo noo  |
| Contribu   |   |   | •   |   |   |
| Date   | Payee Name  |   | 7   |   | Amount<br>(\$)  |
| 12/7/2005  | Sprint  |   |   |   |   |
|  | Payee address   | City;   | State;  | Zip Code  | \$142.81  |
|  | P.O. Box 54677  | Los Angeles   | CA  | 90054   |   |
| (required) Telephor                                      | 16  |   | Candidațe / Offic                                 | , include the the   | Office sought Office held   |
| ·  |   |   |   |   | <u> </u>  |
| Date   | Payee Name  |   |   |   | Amount (\$)   |
| <u> </u>   |   |   |   |   | (\$)  |
| Date   | Payee Name Annise Parker Payee address  | City;   | State;  | Zip Code  |   |
| Date   | Payee Name Annise Parker  | City;<br>Houston  | State;<br>TX                                      | Zip Code<br>77006   | (\$)  |
| Date 12/31/2005 Purpose of payri(required)               | Payee Name Annise Parker Payee address 1111 Jackson ment (See instructions regarding type   | Houston<br>be of information                                  | TX  | 77006   | (\$)  |
| Date 12/31/2005 Purpose of payri(required)               | Payee Name Annise Parker Payee address 1111 Jackson   | Houston<br>be of information                                  | TX ** Comple                                      | 77006   | \$50.00   |
| Purpose of payri<br>(required)                           | Payee Name Annise Parker Payee address 1111 Jackson ment (See instructions regarding type   | Houston<br>be of information                                  | TX ** Comple                                      | 77006   | (\$) \$50.00  Tures to benefit C/OH ** Office sought Office held                      |
| Date 12/31/2005 Purpose of payri (required) Reimb S      | Payee Name Annise Parker Payee address 1111 Jackson nent (See instructions regarding type)  | Houston<br>be of information                                  | TX ** Comple                                      | 77006   | \$50.00  sures to benefit C/OH **  Office sought Office held                          |
| Purpose of payri<br>(required)                           | Payee Name Annise Parker Payee address 1111 Jackson  nent (See instructions regarding type) ponsorship Kingwood Area  | Houston<br>be of information                                  | TX ** Comple                                      | 77006   | (\$) \$50.00  Tures to benefit C/OH ** Office sought Office held                      |
| Purpose of payri<br>(required)                           | Payee Name Annise Parker Payee address 1111 Jackson  nent (See instructions regarding tyroponsorship Kingwood Area  Payee Name Annise Parker                            | Houston De of information Dems Schd G 8-Day                   | ** Comple<br>Candidate / Office                   | 77006 ete if direct expendi ceholder name                 | \$50.00  Sures to benefit C/OH **  Office sought Office held  Amount (\$)             |
| Purpose of payri<br>(required)  Reimb S  Date 12/31/2005 | Payee Name Annise Parker Payee address 1111 Jackson  nent (See instructions regarding tyroponsorship Kingwood Area  Payee Name Annise Parker Payee address              | Houston  De of information  Dems Schd G 8-Day  City;  Houston | ** Comple Candidate / Office State; TX  ** Comple | 77006 ete if direct expendiceholder name  Zip Code  77006 | (\$) \$50.00  tures to benefit C/OH ** Office sought Office held  Amount (\$) \$96.21 |
| Purpose of payri<br>(required)  Reimb S  Date 12/31/2005 | Payee Name Annise Parker Payee address 1111 Jackson  ment (See instructions regarding tyroponsorship Kingwood Area  Payee Name Annise Parker Payee address 1111 Jackson | Houston  De of information  Dems Schd G 8-Day  City;  Houston | TX  ** Comple Candidate / Office  State;  TX      | 77006 ete if direct expendiceholder name  Zip Code  77006 | (\$) \$50.00  tures to benefit C/OH ** Office sought Office held  Amount (\$) \$96.21 |
| Purpose of payri<br>(required)  Reimb S  Date 12/31/2005 | Payee Name Annise Parker Payee address 1111 Jackson  nent (See instructions regarding tyr ponsorship Kingwood Area  Payee Name Annise Parker Payee address 1111 Jackson | Houston  De of information  Dems Schd G 8-Day  City;  Houston | ** Comple Candidate / Office State; TX  ** Comple | 77006 ete if direct expendiceholder name  Zip Code  77006 | \$50.00  tures to benefit C/OH **  Office sought Office held  Amount (\$)  \$96.21    |

#### POLITICAL EXPENDITURES

#### SCHEDULE F

| THE INSTRUCT                  | TION GUIDE explains how to co           | mplete this form.    | 1 1770                           | Total pages S   | Schedule F<br>Page 4                                  |
|-------------------------------|---|----------------------|----------------------------------|-----------------|---|
| FILER NAME                    |   |                      |                                  | ACCOUNT #       | (Ethics Commission filers)                            |
|                               | Annise Parker                           |                      |                                  |                 |   |
| Date<br>12/31/2005            | Payee Name                              |                      |                                  |                 | Amount (\$)   |
| 12/3/1/2003                   | Annise Parker                           |                      |                                  |                 |   |
|                               | Payee address                           | City;                | State;                           | Zip Code        | \$50.00   |
|                               | 1111 Jackson                            | Houston              | TX                               | 77006           |   |
| Purpose of payr<br>(required) | □ □<br>nent (See instructions regarding | type of information  | ** Complet<br>Candidate / Office |                 | litures to benefit C/OH **  Office sought Office held |
|                               | ponsorship Old Acres Ho                 | mes Cnl Schd G 8-Day | Candidate / Cilice               | siloidei Haifid | Office sought Office field                            |
| Date                          | Payee Name                              |                      |                                  |                 | Amount  |
| 12/31/2005                    | Annise Parker                           |                      |                                  |                 | (\$)  |
|                               | Payee address                           | City;                | State;                           | Zip Code        | \$70.00   |
|                               | 1111 Jackson                            | Houston              | TX                               | 77006           |   |
| (required)<br>Reimb T         | axi Fares                               |                      | Candidate / Office               | enolder name    | Office sought Office held                             |
| Date                          | Payee Name                              |                      |                                  |                 | Amount  |
| 12/31/2005                    | Annise Parker                           |                      |                                  |                 | (\$)  |
|                               | Payee address                           | City;                | State;                           | Zip Code        | \$209.40  |
|                               | 1111 Jackson                            | Houston              | TX                               | 77006           |   |
| (required)                    | nent (See instructions regarding        | type of information  | ** Complet<br>Candidate / Office |                 | litures to benefit C/OH ** Office sought Office held  |
|                               |   |                      |                                  |                 |   |
| Date                          | Payee Name                              |                      |                                  |                 | Amount  |
| 12/31/2005                    | Annise Parker                           |                      |                                  |                 | (\$)  |
|                               | Payee address                           | City;                | State;                           | Zip Code        | \$508.64  |
|                               | 1111 Jackson                            | Houston              | TX                               | 77006           |   |
| Purpose of payr<br>(required) | <br>nent (See instructions regarding    | type of information  | ** Complet<br>Candidate / Office | ,               | litures to benefit C/OH ** Office sought Office held  |
| Reimb T                       | ravel Exp - Seattle Confer              | rence                |                                  |                 |   |
|                               |   |                      |                                  |                 | 7. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1              |

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

#### SCHEDULE F

# POLITICAL EXPENDITURES

| THE INSTRUCTION GUIDE explains how to complete this form. | Total pages Schedule F               |
|---|--------------------------------------|
| THE INSTRUCTION GOIDE explains now to complete this form. | Page 5                               |
| FILER NAME  | ACCOUNT # (Ethics Commission filers) |
| Annise Parker   |                                      |
|   | Schedule F Report Total: \$4,960.91  |

Total pages Schedule G: 2

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUCTION GUIDE explains how to complete this form.

SCHEDULE G

| FILER NAME | Annise Parker  | -                      |        | ACC         | OUNT # (Ethics Commission filers)                   |
|------------|--|------------------------|--------|-------------|---|
| Date       | Payee Name   |                        |        |             | Amount (\$)   |
| 11/3/2005  | Southwest Airlines   |                        |        |             |   |
|            | Payee address  | City;                  | State; | Zip Code    | \$209.40  |
|            |  | Dallas                 | TX     | 75235       | į   |
|            | Purpose of payment (See instruct information required)  Conference | ons regarding type of  |        |             | Reimbursement from political contributions intended |
| Date       | Payee Name   | ***                    |        |             | Amount (\$)   |
| 11/9/2005  | Yellow Cab Company   |                        |        |             |   |
|            | Payee address  | City;                  | State; | Zip Code    | \$70.00   |
|            |  | Houston                | TX     | 77009       |   |
|            | Purpose of payment (See instruct information required)             | ions regarding type of |        |             | Reimbursement from political contributions          |
|            | Taxis  |                        |        |             | Intended  |
| Date       | Payee Name   |                        |        | ·····       | Amount  |
| 11/13/2005 | La Mexicana  |                        |        |             | (\$)  |
|            | Payee address  | City;                  | State; | Zip Code    | \$96.21   |
|            | · ·  | Houston                | TX     | 77006       |   |
| 1          | Purpose of payment (See instruct information required)             | ions regarding type of | -      |             | Reimbursement from political constitutions          |
|            | Breakfast Meeting  |                        |        |             | intended  |
| Date       | Payee Name   |                        |        |             | Amount (\$)   |
| 11/16/2005 | Sheraton Seattle   |                        |        |             |   |
|            | Payee address  | City;                  | State; | Zip Code    | \$508.64  |
|            |  | Seattle                | WA     | 98101       |   |
|            | Purpose of payment (See instruct information required)             | ions regarding type of |        | <del></del> | X Reimbursement from positical                      |
|            | Elected Officials Conferen   | nce                    |        |             | contributions<br>intended                           |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

| Payee Name Seattle Taxi STITA Taxi Payee address        | City;<br>Setac   | State;   | ACCOU  | NT # (Ethics Commission filers)  Amount (\$)  |
|---|--|--|--|---|
| Seattle Taxi STITA Taxi                                 | •  | State;   | 7in Code   |   |
|   | •  | State;   | 7in Code   | (4)   |
| Payee address   | •  | State;   | 7in Code   |   |
|   | Setac  |  | Zip Code   | \$38.00   |
|   |  | WA   | 98188  |   |
| Purpose of payment (See instruinformation required)     | uctions regarding type of  | <del>,</del>   |  | Reimbursement from political contributions  |
| Taxis   | ·  | ÷  |  | intended  |
| Payee Name  |  |  |  | Amount  |
| Yellow Cab  | '  |  |  | (\$)  |
| Payee address   | City;  | State;   | Zip Code   | \$38.00   |
|   | Seattle  | WA   | 98134  |   |
| Purpose of payment (See instruinformation required)     | uctions regarding type of  |  |  | Reimbursement from political contributions  |
| Taxis   |  |  |  | intended  |
| Payee Name  |  |  |  | Amount  |
| Home Depot  |  |  |  | (\$)  |
| Payee address   | City;  | State;   | Zip Code   | \$102.73  |
|   | Houston  | TX   | 77081  |   |
| Purpose of payment (See instri<br>information required) | uctions regarding type of  |  |  | X Reimbursement from political contributions  |
| Staff Gifts   |  |  |  | intended  |
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# STATEMENT OF **ORGANIZATION**

| 1 0 1  | (See instruc   | ctions)  |  | Office Use Only  |
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| NAME OF COMMITTEE (in full)                  | (Check if name is changed)   | Example: If typing, type over the lines.   | 12 <b>F</b> E4M5   |  |
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| I. IS THIS STATEMENT                         | NEW (N) OR   | AMENDED (A)  |  |  |
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| certify that I have examined                 | I this Statement and to the bi   | est of my knowledge and belief   | it is true, correct :                                    | and complete.  |
|  | William Luc  |  |  |  |
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| Signature of Treasurer                       | Ellen far  |  | Date 04  | 23 2001  |
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| NOTE: Submission of false, en                | oneous, or incomplete informati  | ion may subject the person signin<br>ATION SHOULD BE REPORTED  | g this Statement to t<br>WITHIN 10 DAYS.                 | he panaities of 2 U.S.C. §437  |
|  | ANY CHANGE IN INFORM   |  | -  |  |
| Office<br>Use                                |  | For further information<br>Facersi Exemina Commin<br>Toll Free 600-424-9530<br>Local 202-594-1100  |  | FEC FORM 1<br>(Revised 1/01)   |
| CONTY  | <u></u>  | FANGLERS-And-1100  |  |  |

| FEC F                                      | orm 1 (Revised 1/01)  |                               |  |   | Page 2                    |
|--|---|-------------------------------|--|---|---------------------------|
| TYPE OF                                    | COMMITTEE (Check One)   |                               | <del></del>  |   | •                         |
| (a)  | This committee is a prin  | ncipaí <b>campaig</b> n       | committee. (Complete the c   | andidate information b  | pelow.)                   |
| (b)  | This committee is an ad information below.)   | whorized commi                | ittee, and is NOT a principal  | campaign committee.   | (Complete the candidate   |
| Name of<br>Candidate                       |   | در سطیبهاستان رید             | حاد وروانسواد اروانداد   | <u></u>   |                           |
| Candidate<br>Perty Affilia                 | ation   | Office<br>Sought:             | House Se   | nate Presid   | State<br>lent<br>District |
| (c)  | This committee support  | ts/opposes only               | one candidate, and is NOT  | en authorized commit  |                           |
| Name of<br>Candidate                       | أحادث والمراجعة   | <u>م داد سال سالت السمالي</u> | <u> </u>   | ندها <u>د دادیا</u> د و استاد   |                           |
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| (d)  | This committee is a   |                               | (National, State<br>or subordinate) committee                                  | of the  | Republican, etc.) Part    |
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| FEC Form 1 (Revised  |  |  |  |
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| Treasurer: List the name   | and address (phone number - optional) of the treasurer of  | the committee; and t                           | the name and address of  |
| any designated agent (e.   | 3., assistant treasurar).  |  |  |
| Full Name of Tressurer   | . I  | مسلسمس السياسات                                |  |
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|--|--|-----------------|---|
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| Mailing Address  | 1800 M Street, N.W.  | <u> </u>        | ندان <u>باست. دور پشتا</u> اند ر <u>ا پست</u> دران <sub>دیدید</sub> |
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|  | Washington   | DC:             | 20036   |
|  | CITY ▲   | STATE A         | ZIP CODE &  |
| Name of Bank, Deposi   | ory, etc.  |                 |   |
| Am   | algamated Bank of New York   |                 |   |
| Mailing Address  | 1825 K Street, N.W.  | <u></u>         | <u></u>   |
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|  | Washington,  | DC              | 20006   |

CITY A

STATE A

ZIP CODE A



# FEC FORM 1 STATEMENT OF ORGANIZATION

# **FILING FEC-168915**

#### 1. EMILY's List

1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036

- 2. Date: 03/29/2005
- 3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

#### Custodian of Records:

Caroline Fines 1120 Connecticut Ave NW Suite 1100 Washington, DC 20036 Title: Dr of Finance & Comp Phone # (202) 326-1400

#### Treasurer:

Britt Cocanour 1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036 Title: Treasurer Phone # (202) 326-1400

#### Designated Agent(s):

Caroline C. Fines 1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036 Title: Assistant Treasurer Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour Date Signed: 03/29/2005

Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



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